

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046016

FILED
Mar 27, 2009
Secretary of State

Entity Name: CAMPUS VIEW OF GAINESVILLE, LLC

Current Principal Place of Business:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32607 US

New Principal Place of Business:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32608 US

Current Mailing Address:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32607 US

New Mailing Address:

2579 SW 87TH DRIVE
GAINESVILLE, FL 32608 US

FEI Number: 30-0258523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STOCKMAN, JAMES J
20725 SW 46TH AVENUE
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPUS VIEW HOLDINGS, , LLC
Address: 20725 SW 46TH AVENUE
City-St-Zip: NEWBERRY, FL 32669 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SVEIN DYRKOLBOTN

MM

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date